

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/					
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10	/						60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		4				
18		/					68		4				
19		/					69		4				
20	/						70		4				
21		/					71		4				
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		3					79						
30	/						80						
31	/						81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		2					93						
44	/						94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	90					
TOTAL CLAIMS							TOTAL CLAIMS	99					

71/9

CALCULATION S ET

08/822 74.7 08722941

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		3				
30	1					
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		0	3			
39		0	3			
40		0	3			
41		3				
42		3				
43		2				
44	1					
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	90					
TOTAL CLAIMS	99					

	IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59	1	1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		4				
68		4				
69		4				
70		4				
71		4				
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	34					
TOTAL CLAIMS	36					